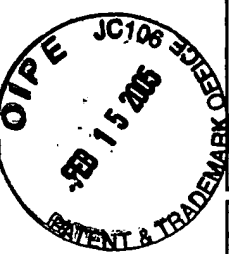


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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/942,164
	Filing Date	August 29, 2001
	First Named Inventor	Huitema, et al.
	Group Art Unit	2152
	Examiner Name	T.N. Nguyen
	Attorney Docket Number	167537.02

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply (14 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) __	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input checked="" type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input checked="" type="checkbox"/> Copy of Patent Assignment document <input checked="" type="checkbox"/> Substitute Drawings (8 pages) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Date: 02-09-2005 Signature: <i>Rimma N. Oks</i> Printed Name: Rimma N. Oks	Remarks: <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT				
Signature	<i>David S. Lee</i>	Reg. No.	38,222	
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